

ST. MATTHEW SCHOOL
1307 Lincolnshire Drive
Champaign, Illinois 61821

FOR RETURNING STUDENTS

The forms that need to be completed for registration for the 2017-2018 school year are online and should be completed, printed out and returned to school as soon as possible. The deadline is May 31, 2017. They include:

- ◆ Book Fee Payment Form – please complete and return with payment
- ◆ Family/Student(s) Information Sheet
- ◆ School Messenger form
- ◆ Medical Information form
one medical information form per student must be completed

Finally, before a student will be admitted on the first day of class in August, 2017, the following is required:

- ◆ Completed physical for grades Kdg. and 6
- ◆ Completed eye exam for Kdg.
- ◆ first tuition payment made – first payment due August 16, 2017

Please return pages 2-5 either directly to the main office or by mail no later than May 31, 2017. If there are any questions, do not hesitate to call the school office, 359-4114.

PLEASE NOTE: The tuition plan, ACH form, and letter from Father Rayson were distributed to the youngest or only students on Monday, April 3, 2017. Please complete and return.

Amt. Pd.
Check #
Cash
Date
Office Use Only

ST. MATTHEW SCHOOL
 BOOK FEE PAYMENT FORM for 2017-2018

Please return no later than May 31, 2017

FAMILY NAME (please print)

_____ Our family will be attending St. Matthew for the 2017-2018 school year.

_____ Our family will definitely not be attending St. Matthew for the 2017-2018 school year.

Reason(s)

Name and grade for of child/children who will attend St. Matthew School in 2017-2018:

- | | | | |
|----------|-------------|----------|-------------|
| 1. _____ | Grade _____ | 4. _____ | Grade _____ |
| 2. _____ | Grade _____ | 5. _____ | Grade _____ |
| 3. _____ | Grade _____ | 6. _____ | Grade _____ |

Number of children attending _____ x 235.00 = \$ _____ *

FINAL NOTICE:

It is imperative that this form be completed and returned by May 31, 2017. Thank you for your cooperation.

*The book fee is non-refundable.

PLEASE PRINT ALL INFORMATION

FAMILY INFORMATION SHEET

2017-2018

ST. MATTHEW SCHOOL
1307 Lincolnshire Drive
Champaign, IL 61821

FAMILY NAME _____

Today's Date _____

Parent _____

Parent _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone (father) _____ Cell Phone(mother) _____

Student 1 _____ Birthdate _____ Male _____ Female _____ Allergies _____

Student 2 _____ Birthdate _____ Male _____ Female _____ Allergies _____

Student 3 _____ Birthdate _____ Male _____ Female _____ Allergies _____

Student 4 _____ Birthdate _____ Male _____ Female _____ Allergies _____

Student 5 _____ Birthdate _____ Male _____ Female _____ Allergies _____

Student 6 _____ Birthdate _____ Male _____ Female _____ Allergies _____

Father/Guardian Employed at: _____ Occupation: _____

Work Phone: _____ Preferred Email: _____

Mother/Guardian Employed at: _____ Occupation: _____

Work Phone: _____ Preferred Email: _____

Family Physician: _____ Phone _____

Family Dentist _____ Phone _____

Name of person to notify if neither parent can be contacted:

_____ Phone _____

_____ Phone _____

In an extreme medical emergency, your child will be taken by ambulance to the Regional Trauma Center (Carle Center). In case of a lesser emergency, efforts will be made to contact your for your direction. It is assumed that all medical fees are the responsibility of the parent.

Comments: _____

Parent Signature

Parent Signature

St. Matthew School Telephone Broadcast Service

In our effort to continue communication between parents and school, St. Matthew School is continuing to use a telephone broadcast system that will enable school personnel to notify all households and parents by phone within minutes of an emergency or unplanned event that causes early dismissal, school cancellation or late start. The service has been used from time-to-time to communicate general announcements or reminders. This service is provided by SchoolMessenger

PLEASE NOTE THE FOLLOWING:

- 1) This requires NO registration by the parent on the School Messenger website.
- 2) All information and contact numbers are strictly secure and confidential and are only used for the purposes described herein.

Phone Information Form

The **Primary Contact Number** will be used to call you every time we send a SchoolMessenger call, regardless of the urgency of the message.

The **Secondary Contact Number** will be called at the same time as the Primary Number on calls where the message we are sending is of a more urgent or time sensitive nature to ensure that we get the call to you as soon as possible. Please consider these numbers carefully and make an effort to keep us informed as soon as possible if either number changes for any reason.

Child 1: Last Name: _____ First Name: _____

Primary Contact Number: (____) ____ - _____

Secondary Contact Number: (____) ____ - _____

Child 2: Last Name: _____ First Name: _____

Primary Contact Number: (____) ____ - _____

Secondary Contact Number: (____) ____ - _____

Child 3: Last Name: _____ First Name: _____

Primary Contact Number: (____) ____ - _____

Secondary Contact Number: (____) ____ - _____

Child 4: Last Name: _____ First Name: _____

Primary Contact Number: (____) ____ - _____

Secondary Contact Number: (____) ____ - _____

Child 5: Last Name: _____ First Name: _____

Primary Contact Number: (____) ____ - _____

Secondary Contact Number: (____) ____ - _____

Child 6: Last Name: _____ First Name: _____

Primary Contact Number: (____) ____ - _____

Secondary Contact Number: (____) ____ - _____

Thank you for your prompt attention to this matter.

**ST. MATTHEW SCHOOL
MEDICAL INFORMATION & EMERGENCY FORM
PLEASE PRINT ALL INFORMATION
ONE FORM PER STUDENT**

Student (last, first, middle): _____

Address: _____

Student's Regular Physician: _____ Phone: _____

STUDENT MEDICAL CONDITIONS:

Please list any medical conditions (asthma, diabetes, epilepsy, etc.) _____

List any allergic reactions to medications: _____

List any medication the student is presently taking: _____

Other pertinent information: _____

Date of most recent tetanus shot: _____

MEDICAL INSURANCE INFORMATION:

Company _____

Plan Number _____ Plan Identification _____

EMERGENCY CONTACTS:

Parent or Guardian Name: _____

Daytime Phone: _____ Evening Phone _____

Other Contact Name: _____ Phone: _____

Relationship (friend, neighbor, etc.): _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

This information will be kept in the possession of St. Matthew School. A copy will be distributed to the person in charge of each trip or athletic activity in which the student participates. Should the need arise this information will be given to the proper medical authorities.

I, _____, understand that in the case of illness or injury to my child, _____, the school will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to St. Matthew School to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Signature of Parent/Guardian

Date